

<b>Case Number:</b>	CM15-0140874		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	10/02/2004
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	07/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a [REDACTED] who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 2, 2004. In a Utilization Review report dated July 3, 2015, the claims administrator partially approved a request for Zoloft, partially approved a request for Wellbutrin, partially approved a request for Norco, denied a request for Xanax, and denied a request for Butrans. The claims administrator referenced a June 25, 2015 RFA form in its determination and associated progress notes of June 25, 2015 and May 28, 2015, along with an associated progress note of June 25, 2015 and May 28, 2015. The applicant's attorney subsequently appealed. On June 15, 2012, the applicant reported multifocal complaints of neck, shoulder, knee, and wrist pain. The applicant was placed off of work, on total temporary disability, while Xanax, Skelaxin, naproxen, Norco, Prilosec, Pennsaid, Xanax, and Zoloft were prescribed. On June 25, 2015, the applicant reported ongoing complaints of neck, shoulder, wrist, knee, and hand pain, 7/10. Activities of daily living as basic as twisting, turning, negotiating stairs, hills, and inclines remained problematic, it was reported. The attending provider stated that the applicant's multifocal complaints of neck, shoulder, knee, wrist, and hand pain were highly variable and ranged anywhere from 3-8/10. The attending provider contended that the applicant was deriving 90% improvement in pain as a result of ongoing medication consumption. The applicant was reportedly on Zoloft, Wellbutrin, Restoril, Norco, naproxen, Inderal, and Xanax, it was reported. The applicant had issues with underlying depression and anxiety disorder, it was reported. The applicant was status post cervical epidural steroid injection therapy, carpal tunnel release surgery, wrist surgery, shoulder surgery, and knee surgery, it was reported. The applicant was asked to

consult an otolaryngologist. The applicant was, once again, placed off of work, on total temporary disability, while Xanax, Inderal, naproxen, Norco, Restoril, Wellbutrin, and Zoloft were renewed. The note was very difficult to follow as it mingled historical issues with current issues.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **1 prescription of Zoloft 50mg #60 with 3 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** No, the request for Zoloft, an SSRI antidepressant, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes 'weeks' for antidepressants to exert their maximal effect, here, however, the applicant had been using Zoloft for what appeared to have been a minimum of several months to several years. It did not appear that ongoing usage of Zoloft had proven particularly beneficial here in terms of the functional improvement parameters established in MTUS 9792.20e. The applicant continued to report issues with depression and anxiety, it was acknowledged on June 25, 2015. The applicant was placed off of work, on total temporary disability, on that date. Ongoing usage of Zoloft failed to curtail the applicant's dependence on anxiolytic medications such as Restoril. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Zoloft. Therefore, the request is not medically necessary.

#### **1 prescription of Wellbutrin 150mg #60 with 3 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47; 402, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** Similarly, the request for Wellbutrin, an atypical antidepressant, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, the attending provider did not clearly state whether or not Wellbutrin was being employed for antidepressant effect or for chronic pain purposes. While the

MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as Wellbutrin may be helpful in alleviating symptoms of depression and while page 16 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Wellbutrin can be employed off-label for neuropathic pain, as was also seemingly present here in the form of the applicant's cervical radiculopathy, both recommendations are qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of 'efficacy of medication' into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, the applicant was off of work, on total temporary disability, as of the date in question, June 25, 2015. Ongoing usage of Wellbutrin failed to curtail the applicant's dependence on anxiolytic medications such as Xanax and Restoril or opioid agents such as Norco. It did not appear that Wellbutrin had augmented the applicant's mood appreciably as the applicant was described as still depressed and anxious on June 25, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.

**1 prescription of Norco 10/325mg #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, it was reported on June 25, 2015. While the attending provider did report a reduction in pain scores reportedly effected as a result of ongoing Norco usage, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline a meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request is not medically necessary.

**1 prescription of Alprazolam 0.5mg #60 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** Similarly, the request for Xanax, a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax (alprazolam) may be appropriate for 'brief periods' in cases of overwhelming symptoms, here, however, the 60-tablet, three-refill supply of Xanax (alprazolam), in and of itself, represents chronic, long-term, and/or twice-daily usage of the same for anxiolytic effect, i.e., usage which runs counter to the ACOEM position on the same. Therefore, the request is not medically necessary.

**1 prescription of Butrans 10mcg/hour patch #4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

**Decision rationale:** Finally, the request for Butrans (buprenorphine) was likewise not medically necessary, medically appropriate, or indicated here. While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that buprenorphine or Butrans is recommended in the treatment of opioid addiction and also recommended for chronic pain purposes in applicants who are previously detoxified off of opioids who do have a history of opioid addiction, here, however, there was no mention of the applicant's using buprenorphine for opioid addiction and/or opioid dependence treatment purposes. The applicant's concomitant usage of Norco strongly suggested that the applicant was not, in fact, using buprenorphine or Butrans for the purposes of weaning or tapering off of opioids or for the purposes of treating opioid dependence or opioid addiction. Therefore, the request is not medically necessary.